

**Nutrition Care Process:
Success In WIC
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TCHD Assessment Matrix

Top 12 Common Diagnoses

Nutrition Diagnosis	Assessment
Increased nutrient needs (specify) _____	Need for foods/supplements, knowledge deficit, delayed growth, decreased hgb (anemia), medications affecting absorption, anabolism
Decreased nutrient needs (specify) _____	Food prepared with added- fat, sodium, rapid wt gain, medications affecting absorption
Inadequate mineral intake of iron	Anemia, decreased appetite, lack of interest in food, inappropriate food choices, chronic dieting behavior, decreased hgb, vegetarianism, closely spaced pregnancies, fatigue/weakness, pale skin, excessive milk ,tea, coffee, red wine (tannins) intake, anabolism (pregnancy, growth spurts),
Breastfeeding Difficulty	Infant crying, latching on & off, pounding on breasts, infant lethargy, infant with decreased feeding frequency/duration, early cessation of feeding, or nursing resistance, fewer than 6 wet diapers in 24 hours, lack of satiety after feeding, mother with lack of confidence w/BF, lack of facilities or accommodations for BF in community or at work, insufficient knowledge about BF, mother is concerned about BF/lack of support, premature baby, inverted nipples, frenulum abnormality of infant, mastitis, cleft lip/palate of infant, thrush, breast surgery, depression, engorgement, failure to thrive
Altered GI function	Abnormal digestive enzymes; Avoidance or limitation of total intake or intake of specific foods or food groups due to GI symptoms, e.g. bloating, cramping, pain, diarrhea; Anorexia, nausea, vomiting, constipation or abdominal pain; Conditions associated with a diagnosis or treatment, e.g. malabsorption, maldigestion, diverticulitis, Crohn's disease, inflammatory bowel syndrome/disease, cystic fibrosis, celiac disease, infection; Surgical procedures, e.g. esophagectomy, dilatation, gastrectomy, gastric bypass, bowel resections
Food & nutrition-related knowledge deficit	Verbalizes inaccurate or incomplete information; Provides inaccurate or incomplete written response to questionnaire/written tool or is unable to read written tool; No prior knowledge of need for food and nutrition related recommendations; Demonstrates inability to apply food- and nutrition- related information, e.g., select food based on nutrition therapy or prepare infant feeding as instructed; Verbalizes unwillingness or disinterest in learning information; Conditions associated with a diagnosis or treatment, e.g. mental illness; New medical diagnosis or change in existing diagnosis or condition.

Nutrition Diagnosis	Assessment
Undesirable Food Choices	<p>Reports of observations of :</p> <ul style="list-style-type: none"> • Intake inconsistent with DRIs, US Dietary Guidelines, My Pyramid, or other methods of measuring diet quality, such as the Healthy Eating Index (e.g., omission of entire nutrient groups, disproportionate intake {e.g. juice for young children}) • Inaccurate or incomplete understanding of the guidelines • Inability to apply guideline information • Inability to select (e.g. access), or unwillingness, or disinterest in selecting food consistent with the guidelines <p>Conditions associated with a diagnosis or treatment, e.g. mental illness; Elevated lipid panel; Findings consistent with mineral/vitamin deficiency or excess.</p>
Increased Energy Expenditure	Increased physical activity, anabolism/growth, increased muscle mass, unintentional weight loss.
Excessive Energy Intake	Energy from energy dense or high fat foods/beverages, increased BMI, weight gain, increased blood glucose, depression, obesity/overweight, excess intake from enteral nutrition, medications that increase appetite
Inadequate Energy Intake	Lack of interest in food, weight loss, no weight gain, poor dentition, highly variable calorie intake, dieting, medications that suppress appetite, knowledge deficit, depression, disordered eating, lack of access to food.
Excessive oral food/beverage intake	Energy from energy dense or high fat foods/beverages, binge eating patterns, highly variable calorie intake, weight gain, increase blood glucose levels, increased Hgb A1c.
Inadequate oral food/beverage intake	Insufficient energy intake, anorexia, nausea, vomiting, changes in appetite or taste, economic constraints limit availability of appropriate foods, weight loss, no weight gain, poor dentition, dieting, medications that suppress appetite.

Nutrition Care Process/Diagnosis Worksheet

Step One: *Nutrition Assessment*

After completing a comprehensive assessment of your client, utilize this worksheet to help determine the appropriate standardized language to use in your documentation to support the Nutrition Care Process.

Step Two: *Nutrition Diagnosis*

1) List all of the clients concerns/issues	<div>2) Cross off any medical problems/medical dx</div> <div>3) Cross off any issues you do not have supporting evidence of (signs/symptoms)</div> <div>4) Cross off any issues you are not able to determine the root etiology (cause) of</div> <div>5) Place a * by the issues you will be able to re-evaluate upon f/u or will be sure to have access to f/u signs/symptoms.</div> <div>6) Of the * issues, circle the 1 or 2 issues you feel is/are the most immediate nutrition problem(s) to resolve & the priority issue to start addressing</div> <div>7) Based on the problem(s) circled, choose the diagnostic label that best suites the nutrition issue in its most detailed form</div>
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8) Write a P.E.S statement(s) with the appropriate “root” etiology and supporting signs & symptoms:

P: _____ related to

E: _____ as evidenced by

S: _____

Evaluating PES Statements

Step by Step

When reviewing a PES Statement, ask the following questions.

Problem (diagnosis):

- Can the RD resolve or improve the nutrition diagnosis?

Etiology:

- Is this the most specific root cause?
- Can you envision an intervention that would address the etiology and thus resolve or improve the problem? If not, is your intervention targeted to reducing or eliminating the signs and symptoms?

Example: if your etiology is not providing snacks in between meals then the intervention may include offering a light snack 1-2 times per day.

Signs/Symptoms:

- Will measuring the signs and symptoms tell you if the problem is resolved or improved?

Example: w/h at 3%tile. By measuring growth at next visit should show a change in whether w/h as improved, stayed the same or decreased.

- In other words you can measure the impact of your intervention.
- Are the signs and symptoms specific enough that you can measure/evaluate changes at the next visit to document resolution or improvement of the problem (diagnosis)?

Example: w/h at 3%tile is specific versus low w/h or slowed growth

Overall:

- Does your nutrition assessment data support the identified problem (diagnosis), etiology and signs and symptoms?

Example: Could include information about a client's inability to answer basic questions to support a statement that includes "food and nutrition related knowledge deficit"

- When all things are equal & you have a choice between stating the PES statement using 2 different domains...consider the Intake Domain.
- There may be several diagnostic labels that will work, but through review of the S/S you should be able to narrow your choices to one best fit.

TCHD Intervention Matrix

Top Common 9 Terminologies

Intervention Terminology	Details of Intervention	Common Examples (not intended to be inclusive)
Domain: Food and/or Nutrient Delivery 1. General healthful diet 2. Modify distribution, type, or amount of food and nutrients within meals or at specified time 3. Specific foods/beverages or groups	Meals are defined as regular eating events that include a variety of foods consisting of grains and/or starches, meat and/or meal alternatives, fruits & vegetables, & dairy. A snack is defined served between regular meals. Recommend, implement, or order an appropriate distribution of type or quantity of food & nutrients within meals or at specified times Identify specific food/beverage(s) or groups for meals & snacks.	Dx: Increased energy expenditure Excessive fat intake Inadequate oral food intake; inadequate energy intake Undesirable food choices S/S: hemoglobin (anemia), weight change, dental caries, changes in physical activity, intake of inappropriate foods, Client hx of obesity, diabetes, chronic use of medications that increase or decrease nutrient requirements or impair nutrient metabolism.
Domain: Nutrition Education 4. Purpose of the Nutrition 5. Education 6. Priority Modifications 7. Survival information	Instruction or training intended to build or reinforce basic nutrition-related knowledge. Discuss purpose of nutrition education. Intervention Communicate relationship btw nutrition & health issues/disease Begin instruction of nutrition issue of most concern to client's health & well-being Provide basic nutrition-related education info	Dx: Food & Nutrition related knowledge deficit Harmful beliefs/attitudes about food or nutrition related topics Any diagnoses related to inadequate, excessive, inappropriate, or inconsistent intake S/S: Unable to explain purpose of nutrition education. In relationship to health/disease Expresses need for additional info or clarification of education Unable to select appropriate foods Unable to choose appropriate timing, volume, or preparation/handling of foods
Domain: Nutrition Counseling 8. Problem Solving	Supportive process, characterized by collaborative counselor-client relationship, to set priorities, establish goals, & create individualized action plans Brainstorm several solutions Discuss pros & cons Techniques to decrease resistance	Dx: Undesirable food choices Physical inactivity Any diagnoses related to inadequate, excessive, inappropriate, or inconsistent intake S/S: Inability to problem solve Disbelief in ability to accomplish nutrition recommendations Negative self-talk Evidence of inadequate, excessive, inappropriate intake related to needs Unable to describe strategies or recognize need for change
Domain: Coordination of Nutrition Care 9. Referral to: community agencies/programs (specify) or other providers	Collaboration with or referral to others such as physician, dentist, social worker, occupational/speech therapist, nurse, food banks, SNAP, housing assistance, shelters, clothing, etc.	Dx: Inadequate oral food & beverage intake Involuntary wt loss Overweight/obesity Limited access to food S/S: unacceptable growth rates, lack of access to food, etc.

Monitoring and Evaluation Matrix

TCHD WIC Top 7 Terminologies

Select the nutrition care indicator(s) to measure the desired outcome(s).

Indicator/Terminology	Definition	Criteria Can be Determined From: (not intended to be inclusive)
Domain: Food & Nutrient Intake 1. Eating Environment 2. Energy Intake 3. Food & Beverage Intake	Composition & adequacy of food & nutrient intake, meal/snacks patterns, current & previous diets &/or food modifications & eating environment	24 verbal recall Food frequency Questionnaire Food Journal
Domain: Knowledge/Beliefs/Attitudes 1. Food and Nutrition Knowledge 2. Beliefs & Attitudes	Understanding of nutrition-related concepts and conviction of the truth & feelings/emotions toward some nutrition-related statement, along with readiness to change nutrition-related behaviors.	Participant/family interviews Pretest & Posttests Surveys
Domain: Behavior 1. Adherence 2. Avoidance Behavior 3. Mealtime Behavior	Client/participant activities & actions that influence achievement of nutrition-related goals	Participant/family interviews Pretest & Posttests Surveys
Domain: Factors affecting access to food & food/nutrition-related supplies 1. Food/Nutrition Program participation 2. Safe food/meal availability 3. Food & Nutrition-related supplies availability	Factors that affect intake & availability of a sufficient quantity of safe, healthful food as well as food/nutrition-related supplies	Participant/family interviews Surveys
Domain: Physical activity & function 1. Breastfeeding 2. Physical Activity	Physical activity as well as cognitive & physical ability to engage in specific tasks (e.g. breastfeeding and self-feeding).	Participant/family interviews Surveys Observation Anthropometric measurements
Domain: Anthropometric Measurements 1. Body composition/growth/weight history	Ht, wt, BMI, growth pattern indices/percentile ranks & wt hx.	See Definition

Monitoring and Evaluation

Nutrition Monitoring and Evaluation answers the question, “Is the intervention/counseling effective in improving the etiology and/or the signs and symptoms?”

Monitoring Progress

- Does the participant understand and following through with the intervention
- Is the intervention being implemented as recommended or at least is the participant making steps toward achievement
 - If no, then probe for why there is a lack of change, what are the participant barriers
- Document outcomes or proof that the intervention is working

Evaluate Outcomes

- Compare what you choose to monitor (e.g. Oral fluids amounts: juice intake) with goals and/or reference standards (e.g. 4oz juice/day recommended) to decide if progress is being made and what future action should take place.

NCP Survey Results

April 11, 2008

1. I include a PES statement in my notes

53% (7) Daily **15% (2) Weekly**
7% (1) Monthly **23% (3) Not at all**

2. I learn best (check all that apply)

21% (4) Independently **47% (9) Working in small groups/interaction**
32 % (6) Discussion

3. One thing I would like to know more about regarding the Nutrition Care Process is...

Reoccurring theme is... How does this apply to the WIC setting?

Some Responses:

- An emphasis on terminology applicable to WIC clients
- Consistent method of correctly structuring my notes. Lingo that is specific to / useful for WIC charting
- How it relates to WIC NRF's & WIC educators
- Would like to see examples of notes from other RDs and see how they are writing them.
- Specific ways to use in WIC situations
- Codes, phrases, etc. that will use most often in the WIC setting
- Has to organizing within the WIC system

4. What tools, materials or assistance do you require to use the Nutrition Diagnostic Terminology effectively in your documentation?

Reoccurring theme... Examples, Practice, Feedback

Some Responses:

- I would really like to have my own Pocket Guide for the NCP/using INDT.
- More examples of PES statements for the problems we counsel about.
- "Cheat sheet
- Notes from webinars, manual, cheat sheets made from other RDs
- I feel like I have all the information. I just need practice.
- Something quick & easy to refer to.
- Practice, learning from others